

## Resilire Neuro CORPORATE SUMMARY OF SERVICES (Updated January 2021)

### Our Mission

To provide individuals superior neurorehabilitation and life care in clinically effective, client-centered settings.

### Our Vision

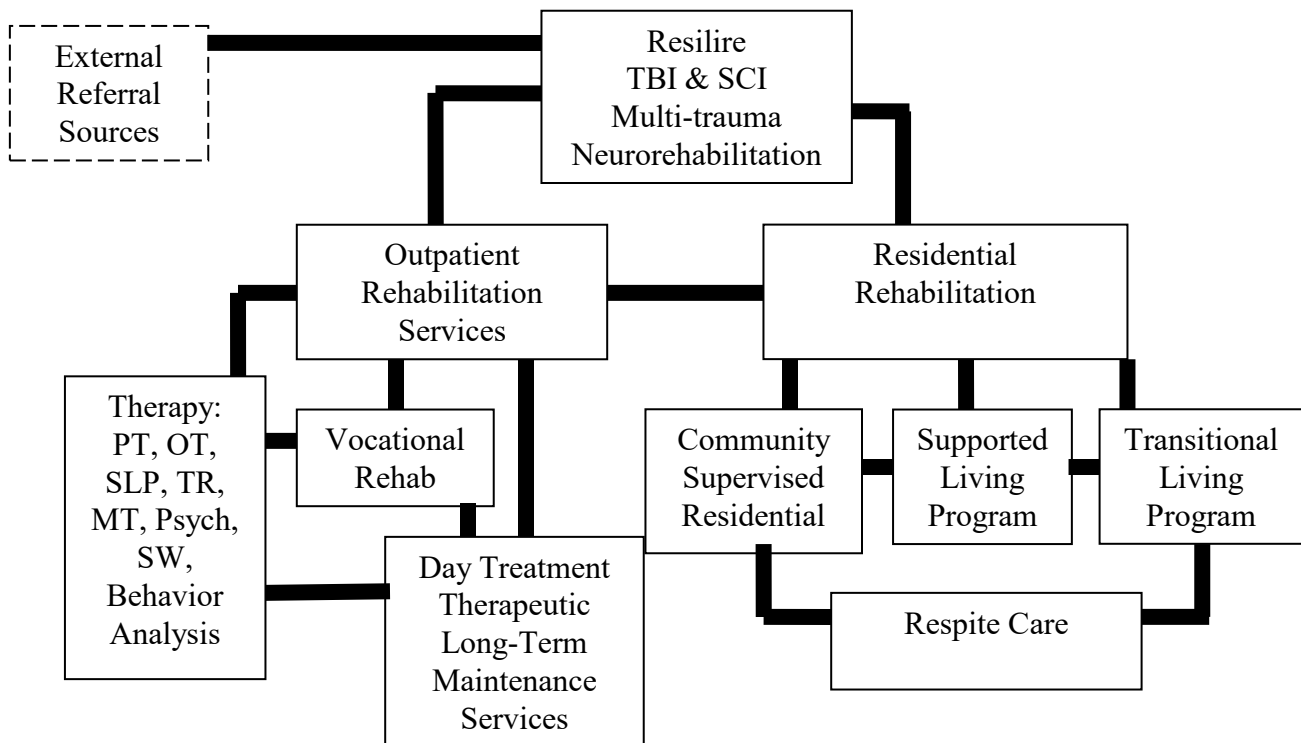
To lead the way in an evolving healthcare market leveraging technology and best practices to effectively propel recovery.

### Our Values

Be There. – Be Remarkable. – Get Great Results.

### Our Care Network

The Program is designed to serve a variety of Adult and Pediatric clients at various stages in their care continuum of recovery ranging from immediate post-hospital acute care through community re-integration, using a care team based interdisciplinary approach. All clients in all programs have measurable goals which are periodically reassessed, reviewed, and revised in a planned and organized manner to meet their changing needs.



**Continuum of Care**

<b>Active Rehabilitation</b>	<p>Active rehabilitation uses an interdisciplinary team approach to clients who are actively working on achieving rehabilitative goals in a post-acute environment.</p> <p><b>Criteria:</b></p> <ul style="list-style-type: none"> <li>• The client's rehabilitative goals are their main focus</li> <li>• Require active and ongoing intervention of single or multiple therapy disciplines</li> <li>• Requires the client to actively participate in and benefit from the intensive rehabilitation therapy program as evidenced by measureable functional improvements within a prescribed period of time</li> <li>• Requires licensed physician supervision and orders as part of a treatment plan for medical diagnosis/s</li> <li>• May requires a coordinated interdisciplinary team approach to the delivery of rehabilitative care</li> <li>• BI Program: Typically, a RANCHO score of 6-10</li> </ul> <p><b>Time:</b> 90 days with eligible renewal cycles</p> <p><b>Measurement Tools:</b></p> <table border="1"> <thead> <tr> <th><u>BI</u></th> <th><u>BI + SCI</u></th> <th><u>SCI</u></th> <th><u>Other</u></th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• RANCHO</li> <li>• DRS</li> <li>• MPAI</li> <li>• Levels</li> <li>• Individual Therapy Measures</li> <li>• CAFAS*</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• SCIM</li> <li>• RANCHO</li> <li>• DRS</li> <li>• MPAI</li> <li>• Levels</li> <li>• Individual Therapy Measures</li> <li>• CAFAS*</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• SCIM</li> <li>• Levels</li> <li>• Individual Therapy Measures</li> <li>• CAFAS*</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• MPAI</li> <li>• Levels</li> <li>• Individual Therapy Measures</li> <li>• CAFAS*</li> </ul> </td> </tr> </tbody> </table>	<u>BI</u>	<u>BI + SCI</u>	<u>SCI</u>	<u>Other</u>	<ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• RANCHO</li> <li>• DRS</li> <li>• MPAI</li> <li>• Levels</li> <li>• Individual Therapy Measures</li> <li>• CAFAS*</li> </ul>	<ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• SCIM</li> <li>• RANCHO</li> <li>• DRS</li> <li>• MPAI</li> <li>• Levels</li> <li>• Individual Therapy Measures</li> <li>• CAFAS*</li> </ul>	<ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• SCIM</li> <li>• Levels</li> <li>• Individual Therapy Measures</li> <li>• CAFAS*</li> </ul>	<ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• MPAI</li> <li>• Levels</li> <li>• Individual Therapy Measures</li> <li>• CAFAS*</li> </ul>
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<p>Client may be receiving a variety of services for both medical and non-medical needs due to chronic illness or disability. Care may include custodial and non-skilled care, such as assisting with normal daily tasks like dressing, bathing, and using the bathroom. May also involve providing a level of medical care that requires the expertise of skilled practitioners to address the often-multiple chronic conditions associated with aging or medically complex client populations.</p> <p>Considerations include but are not limited to:</p> <ul style="list-style-type: none"> <li>• The client has needs care provided by nursing, case management, respiratory care, and/or home care services</li> <li>• Designed to maintain or forestall decline in functional skills, health or medical status</li> <li>• Generally, the client would not be expected to make rehabilitative gains</li> <li>• The client may reside in any Resilire facility, including Supported Living apartments or an external community setting</li> <li>• Long Term Care may be needed by persons of any age</li> </ul> <p><b>Measurement Tools:</b></p> <table border="1"> <thead> <tr> <th><u>BI</u></th> <th><u>BI + SCI</u></th> <th><u>SCI</u></th> <th><u>Other</u></th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• MPAI</li> <li>• RANCHO</li> <li>• DRS</li> <li>• Levels</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• MPAI</li> <li>• SCIM</li> <li>• RANCHO</li> <li>• DRS</li> <li>• Levels</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• SCIM</li> <li>• Levels</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• Levels</li> </ul> </td> </tr> </tbody> </table>	<u>BI</u>	<u>BI + SCI</u>	<u>SCI</u>	<u>Other</u>	<ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• MPAI</li> <li>• RANCHO</li> <li>• DRS</li> <li>• Levels</li> </ul>	<ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• MPAI</li> <li>• SCIM</li> <li>• RANCHO</li> <li>• DRS</li> <li>• Levels</li> </ul>	<ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• SCIM</li> <li>• Levels</li> </ul>	<ul style="list-style-type: none"> <li>• CM Assessment</li> <li>• Levels</li> </ul>	
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<b>Respite</b>	<p>Short-term or temporary care of clients, provided as relief to those who are caring for a patient, family member or loved one who might otherwise require permanent placement in a facility outside the home. This might also include brief transitional care for a Resilire residential client who requires a stay before returning or moving to their assigned CR.</p>								

## Scope of Services:

### Brain Injury Rehabilitation

Brain Injury Severity (BIS) CLASSIFICATION for Traumatic Brain Injury (TBI) Programs	
<ul style="list-style-type: none"> <li>Mild Brain Injury</li> </ul>	<ul style="list-style-type: none"> <li>Disability Rating Scale of 0-3.5</li> <li>Glasgow Coma Scale of 13-15</li> <li>Rancho 7-10</li> </ul>
<ul style="list-style-type: none"> <li>Moderate Brain Injury</li> </ul>	<ul style="list-style-type: none"> <li>Disability Rating Scale of 4-11</li> <li>Glasgow Coma Scale of 9 –12</li> <li>Rancho 5-6</li> </ul>
<ul style="list-style-type: none"> <li>Severe Brain Injury</li> </ul>	<ul style="list-style-type: none"> <li>Disability Rating Scale of 12-29</li> <li>Glasgow Coma Scale of 3-8</li> <li>Rancho 1-4</li> </ul>

Our Brain Injury program serves both adults and children and is interdisciplinary coordinated and outcomes focused. The program addresses the unique medical, physical, cognitive, psychosocial, behavioral, vocational, educational, and recreational needs of persons with acquired brain injury.

Through a care plan managed approach, the program addresses the following:

- Ongoing access to information about the services available within a coordinated continuum of services.
- Transition through the brain injury continuum of services.
- Conservation of funding to meet life-long needs.
- Linkages with the community.
- Family/support system counseling and support.
- Education of the persons served, their families/support systems, and the community.
- Transition planning to facilitate success in other components of the continuum of services or discharge location.

### Spinal Cord Injury Rehabilitation

Spinal Cord Injury (SCI) Programs – ASIA Classification	
<ul style="list-style-type: none"> <li>Level Range (initial and number corresponding to vertebrae injury level)</li> </ul>	<ul style="list-style-type: none"> <li>C – Cervical, # 1 – 7; T - Thoracic, # 1 - 12</li> <li>L – Lumbar, # 1 – 5; S – Sacral, # 1 - 5</li> </ul>
<ul style="list-style-type: none"> <li>ASIA Scale</li> </ul>	<ul style="list-style-type: none"> <li>A = Complete: No motor or sensory function preserved in sacral S4-S5</li> <li>B= Incomplete: Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5</li> <li>C = Incomplete: Motor function is preserved below the neurological level, and more than half of key muscles below the neurological level have a muscle grade less than 3.</li> <li>D = Incomplete: Motor function is preserved below the neurological level, and at least half of key muscles below the neurological level have a muscle grade of 3 or more.</li> <li>E = Normal: motor and sensory functions are normal.</li> </ul>
<ul style="list-style-type: none"> <li>Clinical Syndromes</li> </ul>	<ul style="list-style-type: none"> <li>Central Cord; Brown-Sequard; Anterior Cord</li> <li>Conus Medullaris; Cauda Equina</li> </ul>

## SCI Dysfunction Causes

- Paresis
- Loss of sensation ○ Reflex changes
- Autonomic dysfunction (eg, bowel, bladder, and erectile dysfunction; loss of sweating)

Location of Lesion*	Possible Effects
At or above C5	Respiratory paralysis Quadriplegia
Between C5 and C6	Paralysis of legs, wrists, and hands Weakness of shoulder abduction and elbow flexion Loss of biceps jerk reflex Loss of brachioradialis deep tendon reflex
Between C6 and C7	Paralysis of legs, wrists, and hands, but shoulder movement and elbow flexion usually possible
Between C7 and C8	Loss of triceps jerk reflex Paralysis of legs and hands
At C8 to T1	Horner syndrome (constricted pupil, ptosis, facial anhidrosis) Paralysis of legs
Between T1 and conus medullaris	Paralysis of legs

Our care continuum also serves both adults and children who have suffered a spinal cord injury, through interdisciplinary coordinated and outcomes focused treatment. The program coordinates and integrates needed medical and rehabilitation services that address the life-long needs of the clients served. This may include, but is not limited to, emergent care, rehabilitation, skilled nursing, supported living care, vocational services, and specialty consultants, including resources for:

- Identification of care options and linkages with services/programs with demonstrated competencies in spinal cord dysfunction.
- Achievement of predicted outcomes.
- Achievement of client self directing care and care givers.
- Conservation of funding to meet life-long needs.
- Provision and facilitation of medical interventions.
- Facilitation of opportunities for interaction with individuals with similar activity limitations.
- Focus on life-long follow-up that addresses impairment, activity, participation, and quality of life.
- Provision of education and training.
- Identification of regulatory, legislative, and financial implications.
- Participation in research and application of research as appropriate

## Outpatient Programs

Our Outpatient programs are an individualized, coordinated, outcomes focused program, for both adults and children, that optimizes the activities and participation of the persons served. The program, through its individualized care plan, defines the characteristics of the client it serves. An assessment process initiates the individualized treatment approach for each Client. The admission process serves to determine whether the individual program is single discipline or an interdisciplinary service. A Single Discipline Outpatient Medical Rehabilitation Program focuses on meeting the needs of the client served who requires services by a professional with a health-related degree who can address the assessed

needs. An Interdisciplinary Outpatient Medical Rehabilitation Program focuses on meeting the needs of the client that are most effectively addressed through a coordinated service approach by more than one professional with a health-related degree who can address the assessed needs of the person served. A more detailed Outpatient Scope of Services is available.

Resilire's Day Treatment Program is a cost-effective approach designed to serve persons with short- and long-term care and rehabilitation needs with a structured day treatment program that improves and maintains functional skills, promotes and protects health, forestalls or prevents decline, provides opportunities for continuing education, community integration, fosters improvement and maintenance of behavioral and emotional stability, and contributes to an enhanced sense of quality of life, personal value, and self-esteem. Resilire's Day Treatment Services program offers a full day of therapeutically focused, structured treatment activities, for less than the cost of individual therapy sessions. Under the direction of licensed clinician, the program provides a wide variety of treatment sessions that offer specific therapeutic benefits that focus on improving cognitive abilities, emotional stability, behavioral control, and physical functioning. Although the program employs recognized principles and techniques of therapeutic recreation, it also "extends" other therapeutic disciplines including physical therapy, occupation therapy, nutrition, applied behavioral analysis, speech therapy, and vocational rehabilitation.

### **Residential Rehabilitation Programs**

Residential Rehabilitation Programs are provided for adult clients who need services designed to achieve predicted outcomes focused on home and community integration and engagement in productive activities. Consistent with the needs of the clients served our services foster improvement or stability in functional and social performance and health. These programs occur in residential settings and may be transitional or long term in nature. The residences in which the services are provided may be owned or leased directly by the persons served or the organization. A more detailed Residential Scope of Services is available.

### **Vocational Services**

Vocational Services provides individualized services to clients to achieve their identified vocational outcomes. A more detailed Vocational Scope of Services is available.

The services may include:

- Identification of employment opportunities and resources in the local job market.
- Development of realistic employment goals.
- Establishment of service plans to achieve employment outcomes.
- Identification of resources to achieve and maintain employment.
- Oversight of the supported employment program, including sheltered workshop and community enclaves.

Vocational Services consider:

- The behavioral, cognitive, and medical, physical, and functional issues of the clients served.
- The vocational goals of the persons served.
- The personnel needs of the employers in the local job market.

- The accessibility and accommodations provided by employers.
- The community resources available.
- The trends and economic considerations in the employment sector.

## **Admission**

Regardless of program, care continuum phase, or facility of choice, each potential client admission is comprehensively evaluated by an interdisciplinary care team, as appropriate, to determine if the admission is appropriate and if so the program and setting that will best meet the needs of the person served. During an admission care conference, the person served, in collaboration with their family and appropriate interdisciplinary team members, identifies and addresses his or her medical and rehabilitation needs, and future discharge to the community of choice, including an estimated length of stay that must be based on each person's unique health care needs. To ensure the transparency of information a written client specific care plan is provided that addresses the scope, duration, and intensity of care that will be provided. Clients that fall outside of our acceptance parameters are provided with information to other appropriate medical or rehab providers.

## **Admission Considerations:**

In general, for admission to any of our programs the following factors are considered:

1. The applicant shall have sustained a neurological impairment and/or experienced functional deficits of a related nature in characteristic, intervention needs and outcome potentials. The applicant will otherwise present with a functional deficit that would reasonably benefit from rehabilitative services.
2. The applicant has achieved a level of medical stability to the extent care needs can be managed in this setting as determined by assessment. This does not include those clients who are temporarily ill or bedfast.
3. If the applicant presents with a history of alcohol/substance dependence, it must be medically ascertained that the individual does not require detoxification under the supervision of a physician at a medical facility. Such detoxification must occur prior to admission.
4. The applicant presents with behavioral intensities that can be managed in this setting as determined by assessment. It is understood that participants may exhibit variable behavioral intensities. Such behaviors will not necessarily preclude admission or ongoing treatment, provided they can be adequately contained or controlled through available therapeutic intervention. An individual requiring restraints or isolation is not an acceptable candidate for the facility.
5. The applicant must be free of disease that is considered contagious through casual contact.
6. A prospective client and/or associated guardian shall exercise free choice in the selection of a rehabilitative facility.
7. Payment for services is available.
8. Admission for eligible candidates are processed in the order received.
9. Adult treatment starts at age 18.
10. Pediatric treatment starts at age 5 and continues through age 18 or up to 26 if still participating in a public school post-secondary program (special

consideration will be made and given on a case by case basis for children under 5 years of age wishing to receive therapy services).

### **Admission Exceptions:**

Every potential admission must be evaluated individually. However, in general, there are some situations where it may not be appropriate for a client to be admitted to Resilire. These may include when the following services are required on an active or on-going basis:

- Requires 24-hour Nursing Care
- Client's needs are unable to be met in this setting
- Payment for services unavailable
- Acute withdrawal- in need of detox
- Chronic elopement
- Excessive chronic physical aggression
- ASIA A C1 SCI
- Ventilator dependent
- Continuous cardiac telemetry
- Continuous and intensive physical behavior management required that may involve: isolation; restraints; locked facility; or chemical sedation

### **Discharge Considerations:**

Individuals may be discharged from services for reasons including but not limited to:

1. The client has regained the ability to live and/or work independently and no longer require services.
2. The client is ready to transfer to another level of care within or outside of Resilire.
3. The client requires services not available through Resilire
4. Discharge is requested by the physician, the client and guardian/designated representative
5. Payment for services is no longer available
6. A client no longer meets admission criteria per agency guidelines.
7. Therapy services are no longer appropriate.
8. The client may be discharged due to situations of substantial risk to self or others when the agency has determined and documented that any of the following exist:
  - a. Substantial risk to the resident due to the inability of the home to meet the residents needs or assure the safety and well-being of other residents of the home.
  - b. Substantial risk, or an occurrence, of self-destructive behavior.
  - c. Substantial risk, or an occurrence of serious physical assault.
  - d. Substantial risk, or an occurrence of the destruction of property.

### **Our Interdisciplinary Treatment Teams**

Our teams provide an array of professionals from different medical or therapeutic disciplines (as listed below) that provide a coordinated treatment program. The disciplines which make up a client's care team are determined by the particular treatment needs of the individual. The team establishes treatment priorities and goals and provides treatment. Team members contribute their respective skills, competencies, insight, and perspectives to the rehabilitation process. This includes education, communication, and alignment of expectations for the purpose of optimizing treatment outcomes. It is highly recommended that wherever possible, the client, along with his or her family/support system, insurance carrier, and external case manager, participate in team planning. Services and the frequency of services will be provided in accordance with Physician orders. Every attempt will be made to determine and communicate fees and payer sources prior to admission. All information is appropriately shared with the appropriate stakeholders, after any needed consents, waivers, or other communications needed have occurred. For any services not provided by Resilire Neuro, the internal team will provide referrals for consultative services by external providers.

The most common disciplines usually involved include, but are not limited to:

- Internal Case Manager/Team Lead
- Program Manager
- Behavioral, Clinical, Neuro Psychologist
- Psychiatrist
- Skilled Nursing
- Respiratory Therapist (RT)
- Occupational Therapist (OT)
- Physical Therapist (PT)
- Behavior Analyst
- Psychiatrist
- Pediatrician
- Pulmonologist
- Nephrologist
- Social Worker (SW)
- Massage Therapist (MT)
- Speech Language Pathologist (SLP)
- Therapeutic Recreation Specialist
- Therapy Service Technician
- Vocational Counselor, or Coordinator
- Podiatrist
- Job Coach
- Activity Aides
- Registered Dietitian
- Wound Care Specialist
- Infusion Services
- Bio Feedback Technician
- Restorative Technician
- Academic Specialist
- Optometrist
- Dentist, Dental Hygienist
- Attending/Referring Physician
- Physician's Assistant
- Rehabilitation Services Tech. (RST)
- Pharmacy services

Expanded lists of Resilire services are available upon request. Appropriate needed services not directly provided on site or by Resilire staff can be arranged via referrals or with other external sources.

## REVISION HISTORY:



Number of revisions	Date of Revisions or Review	Description of changes	Reviewed by
NEW	1/1/2021	Policy Established	Board/ Leadership